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ADHERENCE AND PERSISTENCE WITH STATIN THERAPY: PHARMACOUTILIZATION ANALYSIS FROM ADMINISTRATIVE DATABASES OF 5 ITALIAN LOCAL HEALTH UNITS (LHU)

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OBJECTIVES: To describe the statins prescriptive patterns in primary or secondary prevention patients, to quantify treatment adherence and persistence and to produce data useful to administrators for better health care planning. **METHODS:** Five pharmacoutilization observational retrospective studies were conducted in five italian Local Healthare Units, using the same methodology and statistical plan. Two databases (Pharmacy Claims and Hospital Discharges) were queried to select subjects with at least one statin prescription during the study period or an hospitalization for ischemic cerebro-cardiovascular causes. Record linkage was carried on using personal tax code as primary key (replaced with an anonymous code to ensure compliance with privacy rules). Subjects were classified in primary or secondary prevention (absence or presence of cerebro-cardiovascular events and/or at least two antidiabetics prescriptions) and in occasional or not-occasional users (time between the first and last prescription was ≤28 days or >28 days). A statin tablet was assumed as treatment unit. Adherence was quantified as MPR (Medication Possetion Ratio): ratio of tablets dispensed during the follow-up and the follow-up duration. Persistence was estimated using "Life Table" and Kaplan-Meier methods. A multiple linear regression model was built to describe adherence predictors. **RESULTS:** Demographic characteristics of the 5 samples are essentially superimposable. Occasional users vary from 24% to 75%, mainly in younger classes, females and primary prevention. MPR ranges from 39% to 59% and seems better in males and secondary prevention. After 6 months of treatment likelihood to stop therapy varies from 50% to 70% and it is lower in males and secondary prevention. Sex, age, type of cardiovascular prevention, follow-up duration and statin switch absence seem the major adherence predictors. **CONCLUSIONS:** Adherence and persistence levels with statin therapy are far from optimal values, resulting in failure to maximize therapy effectiveness and health care resources investment.

PCV34

QUANTIFICATION METHODS OF ITALIAN PREVALENT POPULATION SUFFERING FROM ATRIAL FIBRILLATION USING PUBLISHED EPIDEMIOLOGICAL DATA

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OBJECTIVES: Atrial fibrillation (AF) is the most common arrythmia whose prevalence increases significantly with age. Few epidemiological studies give prevalence stratified by age classes. In order to evaluate disease burden it is crucial to estimate AF prevalence by specific age and quantify subjects with AF over Italian population. **METHODS:** Published epidemiological studies in which prevalence by age is reported were searched. Italian studies were privileged and International literature considered only if quoted in Italian guidelines. For each selected study prevalence was estimated by best fitting a logistic function for increasing age classes. Age-specific prevalence was then calculated for each year of age and related to Italian population age distribution to estimate the number of AF cases. **RESULTS:** Quoted in AF Italian Guidelines, CASTEL, Framingham and ATRIA studies give prevalence stratified by increasing age classes. For each study the logistic function gave the best fit, and provided very similar fitting parameters. Reported prevalence for Framingham study are 0.5% for 50–59 years, 1.8% for 60–69 years, 4.8% for 70–79 years, 8.8% for 80–89 years while those estimated by the fitting are 0.8%, 2.1%, 4.6% and 8,6% respectively. Projecting the estimated prevalence over the entire Italian population (58.6 millions), 761,438 AF cases ($CL_{95\%}$ 540,022–1.058.308) are estimated to be distributed within age ranges as follows: 28,718 in <50 years, 62,652 in 50–59 years, 137,256 in 60–69 years, 244,149 in 70–79 years, 214,003 in 80–89 years and 74,660 in ≥90 years. With the same approach very similar projections are obtained with ATRIA study (763,458 $CL_{95\%}$: 479,101–1,194,111), while for CASTEL study higher estimates (831,285 $CL_{95\%}$: 374,849–1,718,830) result. **CONCLUSIONS:** This quantification method allows an estimate of AF prevalent cases for the entire population, for specific ages or age classes and may represent the basis for further estimates.

PCV35

PRASUGREL AND CLOPIDOGREL PERSISTENCE AND DISCONTINUATION AMONG LOWER BLEEDING RISK PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION FOR ACUTE CORONARY SYNDROMES

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OBJECTIVES: TRITON-TIMI 38 demonstrated reduced thrombotic events associated with increased bleeding in patients taking prasugrel compared with clopidogrel. Treatment compliance has previously been reported for the overall trial population but not for the lower bleeding risk (LBR) group of patients characterized by age <75 years, weight ≥60 kg, and no prior TIA/stroke. The objective of this analysis was to compare persistence, discontinuation rates, and reasons for discontinuation among LBR patients receiving prasugrel versus clopidogrel. **METHODS:** A total of 10,727 of 13,608 patients from TRITON-TIMI 38 were identified to be in the LBR population (prasugrel: N = 5390, clopidogrel: N = 5337). Patients were followed for up to 15 months. Persistence was measured as the time from randomization to the first gap of >14 days in which the patient was not known to be taking study drug and comparison made between treatment arms using a Cox proportional hazards model and controlling for demographics and medical history. **RESULTS:** Similar persistence levels were observed for prasugrel-treated patients and clopidogrel-treated patients (327 vs. 329 days, p = 0.856). Sensitivity analyses using 7-day and 30-day gaps confirmed this finding. Among the studied population, 15.8% prasugrel patients and 15.7% clopidogrel patients (p = 0.923) prematurely discontinued their study medication. Among patients who permanently discontinued their medication, the most common reason recorded was "patient decision" (52.4% for prasugrel, 54.0% for clopidogrel, p = 0.517). Discontinuation due to hemorrhagic adverse events was more common among prasugrel than clopidogrel patients (11.3% vs. 6.7%, respectively, p = 0.001); discontinuation due to non-hemorrhagic adverse events was not significantly different between drugs (25.6% vs. 28.3%, respectively, p = 0.219). **CONCLUSIONS:** Overall, similar persistence and discontinuation rates were observed for prasugrel and clopidogrel for this LBR patient population. In both groups, patient decision was more likely to contribute to discontinuation than were adverse events.

PCV36

CONFORMATION OF BLEEDING QUANTITY MEASURED AFTER HEART OPERATIONS UNDER THE EFFECTS OF CERTAIN HARMFUL HABITS AND OPERATIVE DATA

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OBJECTIVES: Based on earlier studies it is known that certain harmful habits play an important role in the development of the cardiovascular diseases which influence development of complications and the successfulness of the rehabilitation after the operation. The aim of this study is to analyze whether the examined harmful habits and certain operative data influence the bleeding quantity after heart operation. **METHODS:** Retrospective analysis was made on the University of Pécs Cardiotherapy Clinic among patients went through heart operation (n = 611) between January 1, 2007 and December 31, 2007 in Hungary. Statistical tests: khí2 test, variance analysis (ANOVA), Pearson-Spearman correlation coefficient examination was made. Data processing was done with SPSS 15.0 and MS Excel programs. **RESULTS:** Significant difference was found between the total bleeding and the alcohol consumption habits (p = 0.001). No connection was found with smoking habits (p > 0.05). Direct proportion was found between aorta clinch time (p = 0.03), the time of heart engine (0.039) and the use of the red blood cells. **CONCLUSIONS:** Postoperative bleeding is influenced by many factors: antecedents of patients, perioperative medication, operative data, and surgical technique. Based on the result of studies certain harmful habits and other operative data influence the postoperative bleeding in patients went through open heart operation.

PCV37

PREVALENCE OF PERIPHERAL ARTERIAL DISEASE IN SUBJECTS AT MODERATE CARDIOVASCULAR RISK—GREEK RESULTS OF THE PANDORA STUDY

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OBJECTIVES: Peripheral Arterial Disease (PAD) is a form of atherosclerotic disease conferring a cardiovascular (CV) risk equivalent to that of coronary heart disease. Despite its association with a high risk of CV events, PAD is potentially underdiagnosed. The primary objective of the current study was to assess the prevalence of asymptomatic PAD through measurement of Ankle-Brachial Index (ABI) in subjects at moderate CV risk. **METHODS:** PANDORA (NCT00689377) was a non-interventional, cross-sectional, multi-centre study conducted in six European countries. The study required a single visit in which eligible and consenting subjects at moderate CV risk (males aged ≥45 or females aged ≥55 years, plus at least one additional risk factor, with no overt CV disease or diabetes mellitus) underwent ABI measurement. Investigators also completed a Subject Record Form with data relevant to patient demographics, vital signs, CV risk factors, lipid levels and current treatment. Moreover, both investigators and patients completed questionnaires regarding their opinions on CV diseases. We report here the results from Greece. **RESULTS:** A total of 840 subjects (789 evaluable) were enrolled by 120 office-based physicians across Greece. Mean (± SD) age was 62.1 (9.1) years and mean BMI (± SD) was 29.6 (4.3) kg/m^2. A total of 61.2% were male and 47% were smokers. Hypertension was present in 73.5% of patients. Prevalence of asymptomatic PAD, defined as ABI ≤ 0.90, was 28% (95% CI 24.88–31.14). In multivariate analysis, hypertension [Odds Ratio (OR) 2.48, 95% CI 1.58–3.89, p < 0.0001], low HDL-C (OR 2.27, 95% CI 1.55–3.32, p < 0.0001) and divorced marital status (OR 2.63, 95% CI 1.14–6.07, p = 0.023) were found to be strong determinants for PAD. **CONCLUSIONS:** Asymptomatic PAD was highly prevalent in subjects with moderate CV risk treated by office-based physicians in Greece. ABI measurement is a significant tool in identifying subjects at higher risk who may require earlier and possibly more aggressive intervention.